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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.
09/290,149	04/12/99	ALLECKSON	T 10990978-1

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EXAMINER

NGUYEN, L

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Please find below and/or attached an Office communication concerning this application or proceeding.

Commissioner of Patents and Trademarks

**Office Action Summary**

	Application No. 09/290,149	Applicant(s) ALLECKSON ET AL.
	Examiner Leslie K. Nguyen	Art Unit 2166

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136 (a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

1) Responsive to communication(s) filed on \_\_\_\_\_.

2a) This action is FINAL.      2b) This action is non-final.

3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

4) Claim(s) 1-28 is/are pending in the application.

4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.

5) Claim(s) \_\_\_\_\_ is/are allowed.

6) Claim(s) 1-28 is/are rejected.

7) Claim(s) 2,20,27 and 28 is/are objected to.

8) Claims \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

9) The specification is objected to by the Examiner.

10) The drawing(s) filed on 12 April 1999 is/are objected to by the Examiner.

11) The proposed drawing correction filed on \_\_\_\_\_ is: a) approved b) disapproved.

12) The oath or declaration is objected to by the Examiner.

**Priority under 35 U.S.C. § 119**

13) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a) All b) Some \* c) None of:

1. Certified copies of the priority documents have been received.

2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.

3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

14) Acknowledgement is made of a claim for domestic priority under 35 U.S.C. § 119(e).

**Attachment(s)**

15) Notice of References Cited (PTO-892)

16) Notice of Draftsperson's Patent Drawing Review (PTO-948)

17) Information Disclosure Statement(s) (PTO-1449) Paper No(s) 4 .

18) Interview Summary (PTO-413) Paper No(s) \_\_\_\_\_.

19) Notice of Informal Patent Application (PTO-152)

20) Other: \_\_\_\_\_

***Detailed Action***

1. Claims 1-28 have been examined and are pending in the application.
2. The abstract of the disclosure is objected to because a certificate of mailing is on the same page as the abstract. Correction is required. See MPEP § 608.01(b).
3. Claims 2, 20, 27, and 28 are objected to because of the following informalities: The word "hierarchal" should be changed to "hierarchical" on line 2 of claim 2, line 2 of claim 20, line 12 of claim 27, and line 12 of claim 28. Appropriate correction is required.

***Claim Rejections - 35 USC § 103***

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

5. Claims 1, 14, and 17 are rejected under 35 U.S.C. 103(a) as being unpatentable over Tacklind et al. in U.S. Pat. No. 5,704,366 in view of Flach et al. in U.S. Pat. No. 5,944,659.  
As per claim 1, Tacklind et al. disclose a method providing users access to information of health parameters of patients, comprising:

- receiving digital data from one or more patient sources on the health parameters of the patients (col. 5, line 18 – col. 8, line 25); and
- processing the digital data using a computer and providing clinical statistics and administrative statistics (col. 5, line 18 – col. 8, line 25).

Tacklind et al. do not disclose that the method comprises the step of providing access to the clinical statistics and administrative statistics via Internet protocol to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently. Flach et al. teach the step of providing access to the clinical statistics and administrative statistics via Internet protocol to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently (col. 7, lines 18-24; Ethernet adapters use TCP/IP as their protocol). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Flach et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since a protocol that is well known in the art is used to transmit patient data through the use of telephone or data lines.

As per claim 14, Tacklind et al. disclose a system for providing users access to information of health parameters on patients comprising:

- management computer for processing the digital data and providing clinical statistics and administrative statistics and for providing access to the clinical statistics and administrative statistics to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently (col. 5, line 18 – col. 8, line 25).

Tacklind et al. do not specifically teach that the system comprises a modem for receiving digital data from one or more patient sources on the health parameters of the patients. The Examiner takes Official Notice and asserts that it is well known to use modems to transfer data over telephone lines from one device to another. Tacklind et al. provide motivation to combine on

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col. 7, lines 23-25 and col. 11, lines 23-29. It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate this well-known teaching into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since a widely used and easily compatible hardware device is utilized to transfer data. Tacklind et al. do not specifically teach that an Internet protocol is used when providing access to the clinical statistics and administrative statistics to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently. Flach et al. teach the step of providing access to the clinical statistics and administrative statistics via Internet protocol to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently (col. 7, lines 18-24; Ethernet adapters use TCP/IP as their protocol). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Flach et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since a protocol that is well known in the art is used to transmit patient data through the use of telephone or data lines.

As per claim 17, Tacklind et al. disclose a system according to claim 14 above. Tacklind et al. further disclose that the system comprises memory associated with the management computer for storing statistics for access by users (col. 5, line 18 – col. 8, line 25).

6. Claims 2, 11, and 20-25 are rejected under 35 U.S.C. 103(a) as being unpatentable over Tacklind et al. in U.S. Pat. No. 5,704,366 and Flach et al. in U.S. Pat. No. 5,944,659 as addressed above, and further in view of Lavin et al. in U.S. Pat. No. 5,772,585.

As per claim 2, Tacklind et al. discloses a method according to claim 1 as addressed above. Tacklind et al. do not disclose that the method further comprises providing access to the

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clinical statistics and administrative statistics via hierarchical screens of higher and lower levels wherein a user can access lower levels by selecting from the higher levels to enter the lower levels. Lavin et al. teach a method for providing access to the clinical statistics and administrative statistics via hierarchical screens of higher and lower levels wherein a user can access lower levels by selecting from the higher levels to enter the lower levels (FIG. 22, 23, and 24). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Lavin et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since efficient means to navigate through data is provided.

As per claim 20, Tacklind et al. disclose a system according to claim 14 as addressed above. Tacklind et al. does not disclose that the system further comprises means for arranging the clinical statistics and administrative statistics into hierarchical screens of higher and lower levels wherein a user can access lower levels by selecting from the higher levels to enter the lower levels. Lavin et al. teach means for arranging the clinical statistics and administrative statistics into hierarchical screens of higher and lower levels wherein a user can access lower levels by selecting from the higher levels to enter the lower levels (FIG. 22, 23, and 24). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Lavin et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since efficient means to navigate through data is provided.

As per claim 21, Tacklind et al. disclose a system according to claim 20 as addressed above. Tacklind et al. further disclose that the system comprises computing means for

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presenting trends statistics on historical data of a health parameter (col. 10, line 50 – col. 11, line 9).

As per claim 22, Tacklind et al. disclose a system according to claim 20 as addressed above. Tacklind et al. do not specifically disclose that the system comprises means associated with the management computer for responding to an item being selected from a list of displayed choices to effect a display statistics of the item. Lavin et al. teach means for responding to an item being selected from a list of displayed choices to effect a display statistics of the item (col. 14, line 12 – col. 15, line 67). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Lavin et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since efficient means to navigate through data is provided.

As per claim 23, Tacklind et al. disclose a system according to claim 14 as addressed above. Tacklind et al. further teach that the system comprises means for updating statistics automatically as new data are received from the patient sources (col. 5, line 18 – col. 8, line 25).

As per claim 24, Tacklind et al. disclose a system according to claim 14 as addressed above. Tacklind et al. do not specifically teach that the system comprises a client computer for accessing the management computer to obtain and display statistics on digital data from the patient sources. The Examiner takes Official Notice and asserts that it is well known to use a remote computer to access and display data located at a central computer (Internet, local networks, etc.). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate this well-known teaching into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since physicians are provided with more

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comprehensive means of monitoring and studying patient data. Flach et al. teach using Internet protocol to obtain and display statistics on digital data from the patient sources (col. 7, lines 18-24; Ethernet adapters use TCP/IP as their protocol). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Flach et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since a protocol that is well known in the art is used to transmit patient data through the use of telephone or data lines.

As per claim 25, Tacklind et al. disclose a system according to claim 24 as addressed above. Tacklind et al. do not specifically disclose that the system comprises means associated with the management computer for responding to an item being selected from a list of displayed choices displayed at a client computer to effect a display statistics of the item at the client computer. Lavin et al. teach means for responding to an item being selected from a list of displayed choices displayed at a client computer to effect a display statistics of the item at the client computer (col. 14, line 12 – col. 15, line 67). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Lavin et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since efficient means to navigate through data is provided.

7. Claims 3-5, 15, and 16 are rejected under 35 U.S.C. 103(a) as being unpatentable over Tacklind et al. in U.S. Pat. No. 5,704,366 and Flach et al. in U.S. Pat. No. 5,944,659 as addressed above, and further in view of Plettner et al. in U.S. Pat. No. 6,185,513.

As per claim 3, Tacklind et al. disclose a method according to claim 1 as addressed above. Tacklind et al. further teach that the digital data from the patient sources have data on a

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relative time scale (col. 5, line 18 – col. 8, line 25) but do not teach that the method further comprises computing the absolute time of events in the digital data from the patient sources based on the data on relative time of the events. Plettner et al. teach a method for computing the absolute time of events in the digital data based on the data on relative time of the events (col. 2, lines 11-22). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Plettner et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since data may be analyzed without direct reference to a specific time frame as with relative time.

As per claim 4, Tacklind et al. disclose a method according to claim 3 as addressed above. Tacklind et al. teach that the digital data from the patient source contains data of a relative time scale on the patient source and a relative time scale on a health parameter sensing unit (col. 5, line 18 – col. 8, line 25) but do not teach that the method further comprises computing the absolute time of events in the digital data from the patient sources using the relative time scales. Plettner et al. teach a method for computing the absolute time of events in the digital data based on the data on relative time of the events (col. 2, lines 11-22). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Plettner et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since data may be analyzed without direct reference to a specific time frame as with relative time.

As per claim 5, Tacklind et al. disclose a method according to claim 3 as addressed above. Tacklind et al. teach that the method further comprises receiving digital data from a plurality of patient sources each of which receiving data from a plurality of health parameter

sensing units, wherein the digital data from each patient source contain data of a relative time scale on the patient source and a relative time scale on each health parameter sensing unit (col. 5, line 18 – col. 8, line 25) but do not teach the method further comprises computing the absolute time of events in the digital data from the plurality of patient sources using the relative time scales. Plettner et al. teach a method for computing the absolute time of events in the digital data based on the data on relative time of the events (col. 2, lines 11-22). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Plettner et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since data may be analyzed without direct reference to a specific time frame as with relative time.

As per claim 15, Tacklind et al. disclose a system according to claim 14 as addressed above. Tacklind et al. teach that the digital data from the patient sources have data on a relative time scale (col. 5, line 18 – col. 8, line 25) but do not teach that the system includes a timer associated with the management computer to provide absolute time for computing absolute time of the digital data from the patient sources based on the data on relative time of the digital data. Plettner et al. teach a method for computing the absolute time of events in the digital data based on the data on relative time of the events (col. 2, lines 11-22). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Plettner et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since data may be analyzed without direct reference to a specific time frame as with relative time.

As per claim 16, Tacklind et al. discloses a system according to claim 14 as addressed above. Tacklind et al. teach that the digital data from the patient source contains data of a relative time scale on the patient source and a relative time scale on a health parameter sensing unit (col. 5, line 18 – col. 8, line 25) but do not teach that the system includes a timer associated with the management computer to provide absolute time for computing absolute time of digital data associated with the patient source and the health parameter sensing unit using the relative time scales. Plettner et al. teach a method for computing the absolute time of events in the digital data based on the data on relative time of the events (col. 2, lines 11-22). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Plettner et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since data may be analyzed without direct reference to a specific time frame as with relative time.

8. Claims 6-10, 12, 13, 18, 19, and 26 are rejected under 35 U.S.C. 103(a) as being unpatentable over Tacklind et al. in U.S. Pat. No. 5,704,366 and Flach et al. in U.S. Pat. No. 5,944,659 as addressed above, and further in view of Stutman et al. in U.S. Pat. No. 5,576,952.

As per claim 6, Tacklind et al. disclose a method according to claim 1 as addressed above. Tacklind et al. do not disclose that the method further comprises processing statistics from a plurality of patient sources and compiling a flagged list of patients each having at least one health parameter outside a preset range and presenting the flagged list for review by a clinician computer accessing the clinical statistics. Stutman et al. teach the step of processing statistics from a plurality of patient sources and compiling a flagged list of patients each having at least one health parameter outside a preset range and presenting the flagged list for review by

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a clinician computer accessing the clinical statistics (FIG. 1 and col. 6, line 53 – col. 11, line 5). It would have been obvious to one ordinary skill in the art at the time the invention was made to incorporate the teaching of Stutman et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since clinicians are provided with means to offer patients more attention and care.

As per claim 7, Tacklind et al. disclose a method according to claim 6 as addressed above. Tacklind et al. do not disclose the step of showing a flagged list of patients having a health parameter sensing unit with a functional parameter outside a preset range simultaneously with the flagged list of patients having at least one health parameter outside a preset range. Stutman et al. teach the step of showing a flagged list of patients having a health parameter sensing unit with a functional parameter outside a preset range simultaneously with the flagged list of patients having at least one health parameter outside a preset range (FIG. 1 and col. 6, line 53 – col. 11, line 5). It would have been obvious to one ordinary skill in the art at the time the invention was made to incorporate the teaching of Stutman et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since clinicians are provided with means to offer patients more attention and care.

As per claim 8, Tacklind et al. disclose a method according to claim 6 as addressed above. Tacklind et al. further disclose that the method further comprises the step of updating statistics automatically as new data are received from the patient sources (col. 5, line 18 – col. 8, line 25).

As per claim 9, Tacklind et al. disclose a method according to claim 6 as addressed above. Tacklind et al. do not disclose the step of presenting a list of clinical information when a

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user selects from the flagged list such that the user can select from the list of clinical information to access statistics thereof. Stutman et al. teach a flagged list of patients (col. 6, line 53 – col. 11, line 5) while Lavin et al. teach presenting a list of clinical information such that a user can select from the list of clinical information to access statistics thereof (FIG. 7-12, 14-19, and 21-24). It would have been obvious to one ordinary skill in the art at the time the invention was made to combine the teachings of Stutman et al. and Lavin et al., and further incorporate the teachings into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since clinicians are provided with means to offer patients more attention and care.

As per claim 10, Tacklind et al. disclose a method according to claim 9 as addressed above. Tacklind et al. further disclose the step of presenting trends statistics on historical data of a health parameter in the list of clinical information (FIG. 10A – 10J).

As per claim 11, Tacklind et al. disclose a method according to claim 9 as addressed above. Tacklind et al. do not disclose the step of simultaneously presenting trend statistics on historical data of a health parameter in the list of clinical information and presenting patient notes. Tacklind et al. do teach presenting trend statistics on historical data of a health parameter in the list of clinical information (FIG. 10A – 10J) while Lavin et al. teach presenting patient notes (FIG. 7-12, 14-19, and 21-24). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Lavin et al. into the invention of Tacklind et al. since doing so will allow clinicians to provide patients with more accurate care.

As per claim 12, Tacklind et al. disclose a method according to claim 9 as addressed above. Tacklind et al. do not disclose the step of presenting statistics on devices and flags of

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health parameters in the list of clinical information. Stutman et al. teach the step of presenting statistics on devices and flags of health parameters in the list of clinical information (col. 6, line 53 – col. 11, line 5). It would have been obvious to one ordinary skill in the art at the time the invention was made to incorporate the teaching of Stutman et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since clinicians are provided with means to offer patients more attention and care.

As per claim 13, Tacklind et al. disclose a method according to claim 12 as addressed above.

Tacklind et al. do not teach the step of allowing access to a plurality of users to different statistics with different limitations of access. The Examiner takes Official Notice and asserts that it is well known to limit access to sensitive information based upon authorization levels (via user identification, passwords, and administrative settings). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate this well-known teaching into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since patient fear over unauthorized access to medical records is quelled.

As per claim 18, Tacklind et al. disclose a system according to claim 14 as addressed above.

Tacklind et al. do not teach means for processing statistics from a plurality of patient sources and compiling a flagged list of patients each having at least one health parameter outside a preset range and present the flagged list to a user accessing the clinical statistics via a clinician computer. Stutman et al. teach means for processing statistics from a plurality of patient sources and compiling a flagged list of patients each having at least one health parameter outside a preset range and present the flagged list to a user accessing the clinical statistics via a clinician computer (col. 6, line 53 – col. 11, line 5). It would have been obvious to one ordinary skill in

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the art at the time the invention was made to incorporate the teaching of Stutman et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since clinicians are provided with means to offer patients more attention and care.

As per claim 19, Tacklind et al. disclose a system according to claim 14 as addressed above. Tacklind et al. do not teach means for processing statistics from a plurality of patient sources and compiling a flagged list of patients each having at least one health parameter outside a preset range and compiling a flagged list of patients each having at least one malfunctioning device which is used for measuring health parameter to present the flagged lists to a user accessing the clinical statistics via a clinician computer. Stutman et al. teach means for processing statistics from a plurality of patient sources and compiling a flagged list of patients each having at least one health parameter outside a preset range and compiling a flagged list of patients each having at least one malfunctioning device which is used for measuring health parameter to present the flagged lists to a user accessing the clinical statistics via a clinician computer (col. 6, line 53 – col. 11, line 5). It would have been obvious to one ordinary skill in the art at the time the invention was made to incorporate the teaching of Stutman et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since clinicians are provided with means to offer patients more attention and care.

As per claim 26, Tacklind et al. disclose a system according to claim 24 as addressed above. Tacklind et al. do not specifically teach that the system comprises a clinical computer and an administrative computer for accessing the management computer whereby the clinician computer obtains and displays clinical statistics on the digital data from the patient sources and the administrative computer obtains and displays administrative statistics on the digital data from

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the patient sources. Stutman et al. teach a system comprising a clinical computer and an administrative computer for accessing the management computer whereby the clinician computer obtains and displays clinical statistics on the digital data from the patient sources and the administrative computer obtains and displays administrative statistics on the digital data from the patient sources (FIG. 1 and col. 6, line 53 – col. 11, line 5). It would have been obvious to one ordinary skill in the art at the time the invention was made to incorporate the teaching of Stutman et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since clinicians are provided with means to offer patients more attention and care.

9. Claim 27 is rejected under 35 U.S.C. 103(a) as being unpatentable over Tacklind et al. in U.S. Pat. No. 5,704,366 in view of Lavin et al. in U.S. Pat. No. 5,772,585, and further in view of Plettner et al. in U.S. Pat. No. 6,185,513.

As per claim 27, Tacklind et al. teach a system for providing users access to information of health parameters on patients comprising:

- management computer for processing the digital data and providing clinical statistics and administrative statistics to provide access to the clinical statistics and administrative statistics to one or more users such that the one or ore users can each access the clinical statistics and the administrative statistics independently (col. 5, line 18 – col. 8, line 25).

Tacklind et al. do not teach that the system comprises a modem for receiving digital data from one or more patient sources on the health parameters of the patients, the digital data from the patient source contain data of a relative time scale on the patient source and a relative time scale on a health parameter sensing unit. The Examiner takes Official Notice and asserts that it is well

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known to use modems to transfer data over telephone lines from one device to another. Tacklind et al. provide motivation to combine on col. 7, lines 23-25 and col. 11, lines 23-29. It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate this well-known teaching into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since a widely used and easily compatible hardware device is utilized to transfer data. Tacklind et al. do not disclose that the management computer has means for arranging the clinical statistics and administrative statistics into hierarchical screens of higher and lower levels wherein a user can access information in the lower levels by selecting from the higher levels to enter the lower levels. Lavin et al. disclose means for arranging the clinical statistics and administrative statistics into hierarchical screens of higher and lower levels wherein a user can access information in the lower levels by selecting from the higher levels to enter the lower levels (FIG. 22-24). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Lavin et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since efficient means to navigate through data is provided. Tacklind et al. does not disclose a timer associated with the management computer to provide absolute time for computing absolute time of digital data associated with the patient source and the health parameter sensing unit using the relative time scale. Plettner et al. disclose a timer used to provide absolute time for computing absolute time of digital data using a relative time scale (col. 2, lines 11-22). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Plettner et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced

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since data may be analyzed without direct reference to a specific time frame as with relative time.

10. Claim 28 is rejected under 35 U.S.C. 103(a) as being unpatentable over Tacklind et al. in U.S. Pat. No. 5,704,366 in view of Flach et al. in U.S. Pat. No. 5,944,659 in view of Lavin et al.

in U.S. Pat. No. 5,772,585, and further in view of Plettner et al. in U.S. Pat. No. 6,185,513.

As per claim 28, Tacklind et al. teach a system for providing users access to information of health parameters on patients, comprising:

- means for receiving digital data from one or more patient sources on the health parameters of the patients, the digital data from the patient source contain data of a relative time scale on the patient source and a relative time scale of a health parameter sensing unit (col. 5, line 18 – col. 8, line 25).

Tacklind et al. do not disclose that the system comprises:

- means for processing the digital data to provide clinical statistics and administrative statistics and for providing access to the clinical statistics and administrative statistics via Internet protocol to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently;
- means for arranging the clinical statistics and administrative statistics into hierarchical screens of higher and lower levels wherein a user can access information in the lower levels by selecting an item from a higher level to enter a lower level; and
- means for computing absolute time of digital data associated with the patient source and the health parameter sensing unit using relative time scales.

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Flach et al. teach means for processing the digital data to provide clinical statistics and administrative statistics and for providing access to the clinical statistics and administrative statistics via Internet protocol to one or more users such that the one or more users can each access the clinical statistics and the administrative statistics independently (col. 7, lines 18-24; Ethernet adapters use TCP/IP as their protocol. It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Flach et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since a protocol that is well known in the art is used to transmit patient data through the use of telephone or data lines. Lavin et al. teach means for arranging the clinical statistics and administrative statistics into hierarchical screens of higher and lower levels wherein a user can access information in the lower levels by selecting an item from a higher level to enter a lower level (FIG. 22-24). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Lavin et al. into the invention of Tacklind et al. since doing so will allow clinicians to provide patients with more accurate care. Plettner et al. teach means for computing absolute time of digital data using relative time scales (col. 2, lines 11-22). It would have been obvious to one of ordinary skill in the art at the time the invention was made to incorporate the teaching of Plettner et al. into the invention of Tacklind et al. The invention of Tacklind et al. is enhanced since data may be analyzed without direct reference to a specific time frame as with relative time.

### ***Conclusion***

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The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

- Dempsey et al. teach leadless monitoring of physiological conditions.
- Filangeri teaches physiological monitoring.
- Lloyd et al. teach a patient interface system with a scale.

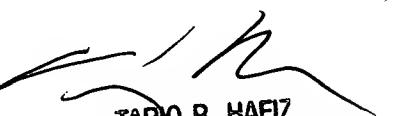
Any inquiry concerning this communication or earlier communications from the examiner should be directed to Leslie K. Nguyen whose telephone number is 703-306-5540.

The examiner can normally be reached on Monday-Friday, 9:00 AM - 5:30 PM.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Tariq R. Hafiz can be reached on 703-305-9643. The fax phone numbers for the organization where this application or proceeding is assigned are 703-308-9051 for regular communications and 703-308-9051 for After Final communications.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is 703-305-3900.

Leslie K. Nguyen  
February 21, 2001

  
TARIQ R. HAFIZ  
SUPERVISORY PATENT EXAMINER  
TECHNOLOGY CENTER 2100